

Attorney Docket No.

0512-1260

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Perfume dispenser provided with a perforable cartridge

he speci	fication of which: (check	(one)			
		REGULAR OR DESIG	ON APPLICATION		
	is attached hereto.				
	was filed on	as applica	ation Serial No.		
		(i			
	РСТ	FILED APPLICATION EN	TERING NATIONAL STAGE		
\boxtimes	was described and claimed in International application No. PCT/FR03/02397 filed on juillet 29, 2003 and as amended on(if any).				
		ved and understand the condition and understa	ntents of the above-identified spe	ecification, including the	
	ledge the duty to disclosons, §1.56.	e information which is mate PRIORITY	rial to patentability as defined in T	itle 37, Code of Federal	
cate liste	d below and have also i	nefits under 35 USC 119 or dentified below any foreign ition on which priority is clair PRIOR FOREIGN A		tent or inventor's certifis certificate having a fil-	
	Country	Application	Date of Filing	Priority	
		Number	(day, month, year)	Claimed	
	FRANCE	0209700	30 juillet 2002	Yes	
	claim the benefit under lited below:	itle 35, United States Code	§119(e) of any United States pro	visional patent applica-	
Application	on No.	Filing Date	Status (patented, p	pending abandoned)	
(Complet	te this part only if this is	a continuing application.)			
ect matte provided patentabi	er of each of the claims or by the first paragraph or ility as defined in Title 3	of this application is not disc of 35 USC 112, I acknowle 7 Code of Federal Regulation	States application(s) listed below closed in the prior United States a dge the duty to disclose informations §1.56 which became available filing date of this application:	pplication in the manner tion which is material to	
Application	on No.	Filing Date	Status (patented, p	pending abandoned)	

Docket No.

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from _____ as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, Eric JENSEN, Reg. No. 37,855, and Liam MCDOWELL, Reg. No. 44,231,

c/o YOUNG & THOMPSON Second Floor 745 South 23rd Street Arlington, Virginia 22202 Customer Number 00466

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: BICHOT Tiph	naine .	1 /	14 9
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Inventor's signature:	Date:		
Residence:	Citizenship:		
Post Office Address:			
Full name of third joint inventor, if any:			
Inventor's signature:	Date:		
Residence:	Citizenship:		
Post Office Address:			
Full name of fourth joint inventor, if any:			
Inventor's signature:	Date:		
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